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CONFIRMATION NO. 3149

<b>SERIAL NUMBER</b> 10/791,622	<b>FILING OR 371(c) DATE</b> 03/02/2004 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3768	<b>ATTORNEY DOCKET NO.</b> 9450-19CT
<b>APPLICANTS</b> Henry R. Halperin, Pikesville, MD; Ronald D. Berger, Baltimore, MD; Ergin Atalar, Columbia, MD; Elliot R. McVeigh, Potomac, MD; Albert Lardo, Baldwin, MD; Hugh Calkins, Baltimore, MD; Joao Lima, Timonium, MD;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/428,990 10/29/1999 PAT 6,701,176 which claims benefit of 60/106,965 11/04/1998				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 05/20/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 20
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 20792				
<b>TITLE</b> BRAIN THERAPY				
<b>FILING FEE RECEIVED</b> 635	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	